

PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT INTO EMPLOYEE'S ACCOUNT/ACCOUNTS

TREASURER AND RECEIVER GENERAL
TIMOTHY P. CAHILL

SECTION 1: Employee Information

Employee Name: _____ Department ID: _____ Employee ID: _____

SECTION 2: Direct Deposit Information (fill in as necessary)

Instructions: Direct deposits are distributed to accounts in order of the priority starting with priority '1'. The total of the percentages can not exceed 100%. Designate one (and only one) account to receive any excess funds left over after all direct deposits are processed. Check 'Partial Allowed?' to allow the direct deposit amount to be less than the amount entered in the \$ Amount or % of Net Pay fields.

Priority	Amount		Percent of Net Pay	Excess? (check one)	Partial Allowed?	* Transit #	Account #	Checking/ Savings
1	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10	\$ _____	or	% _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

***NOTE:** To find the Transit number, look at the bottom of your personal check on the left side. You will find the nine-digit transit number there. If it is a savings account, contact your bank/credit union for help.

SECTION 3: Sign and Return to Your Payroll Supervisor

I hereby authorize my employer, through the State Treasurer, to deposit my net pay and/or deductions to the financial institution/institutions listed above. My employer, through the State Treasurer, is also authorized to debit any over deposit or error, which it has caused to be made to my account. The State Treasurer or the employee may cancel this authorization anytime with proper notice to the Payroll Supervisor.

Employee Signature: _____

Date: _____

Employee Work Phone: _____